

Appendix B. DC Bicycle Master Plan Example Survey Form

(This survey was distributed at meetings, bike-to-work day and made available online.)

The District Department of Transportation is undertaking a comprehensive update of the city's 30-year-old bike plan. We want to know how we can make your trip safer and more convenient by bike. Please help us by answering the following questions. For more information on the bike plan or to fill out this survey on-line, visit www.bikemap.com/dcbikeplan.

1. Based on your experience, which DC streets are best for bicycling? (Be as specific as possible about location, for example: East Capitol, between 7th and 14th Streets.)

2. Which DC streets are worst for bicycling?

3. What are the best off-street routes (paved trails or sidewalks) in DC?

4. What are the worst off-street routes (paved trails or sidewalks) in DC?

5. On which streets would you like to see bicycle lanes or other bicycle facilities?

6. At which locations would you like to see additional bicycle parking (racks or lockers) provided? (Provide a neighborhood, address, intersection or business name.)

7. What was the primary purpose of your last bicycle trip? (Please circle only ONE reason.)

- a. travel to work
- b. travel to school
- c. personal business /errands
- d. visit friend/social/entertainment
- e. travel to metrorail / metrobus
- f. travel to carpool / vanpool
- g. rode for exercise/recreational activity
- h. other (please explain)_____

8. Which of the following factors plays a role in whether or not you ride your bike to your destination? (Circle as many as apply.)

- a. travel time
- b. availability of bicycle parking
- c. safety of travel route for bicyclists
- d. traffic
- e. costs of other travel modes
- f. need for exercise
- g. availability of showers/changing facilities
- h. weather
- i. hills
- j. other (please explain)_____

9. When making a bicycle trip, which of the following do you prefer to use? (Circle only ONE)

- a. On-street
- b. Bike lanes
- c. Sidewalks
- d. Off-street paved trails

10. How many days during the last week did you use the following forms of transportation? (Check as many as apply.)

- a. Metrobus _____days
- b. Metrorail ____days
- c. Bicycle_____days
- d. Walk _____days
- e. Drive _____days

11. Did you take your bike on the following modes of public transportation in the last week?

- a. Metrorail ____yes____no
- b. Metrobus____yes____no

12. If you have been involved in a crash while riding your bike in the District, please answer the following two questions.

12a. Please indicate who else was involved in the crash (Circle as many as apply.)

- a. Motorist
- b. Bicyclist
- c. Pedestrian
- d. Other cause (i.e. slippery surface, uneven pavement, etc.)

12b. On what type of facility did the crash occur?

- a. Street
- b. Sidewalk
- c. Trail

13. Which of the following factors do you think would do the most to encourage bicycling in the District? (Circle only ONE.)

- a. Build bikeways
- b. Safety outreach and education
- c. Enforce laws applying to bicyclists
- d. Enforce laws applying to motorists
- e. Reduce street traffic
- f. Increase police protection
- g. Provide bicycle storage
- h. Nothing
- i. Other _____
- j. All
- k. Don't Know

14. What is the closest street intersection to your home? (If you live outside DC, please indicate your jurisdiction.)

15. What is your age?

16. What is your gender?

- a. ____M
- b. ____F

Thank you for helping with the DC Bike Plan!

Please return this survey to:

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